

# MEDICAID DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES LISTING

The following listing, based upon the Healthcare Common Procedure Coding System (HCPCS), describes equipment and supplies, coverage limitations, and service authorization (SA) requirements. The DME Listing HCPCS codes must be used for all Medicaid claims, regardless of whether Medicare uses the same HCPCS code for the item. Service authorization by Medicaid is not required when Medicare is the primary payer. Reimbursement for Medicare crossover claims will be made in accordance with established Medicare HCPCS codes and guidelines.

When extended utilization or unusual amounts or types of equipment or supplies are required, the provider must request service authorization from the Department of Medical Assistance Services' (DMAS) service authorization contractor. Instructions regarding service authorization may also be found in Appendix D of this Provider Manual. Items not identified in the listing require service authorization and may be submitted for service authorization under the appropriate miscellaneous HCPCS code. Lack of a specific HCPCS code for the item does not determine coverage. The appropriate miscellaneous code may be used and submitted for preauthorization.

Providers must maintain documentation in accordance with the coverage criteria, documentation requirements, and Certificate of Medical Necessity (CMN) requirements as defined in Chapters IV and VI of this Provider Manual, regardless of whether or not service authorization is required.

The key below identifies the codes used in the DME Listing.

- N = Service authorization is not required up to the established limit
- Y = Service authorization is required
- P = Purchase
- RR = \*Rental
- IC = Individual Consideration
- UCC = Usual and Customary Charge

\*Medicaid reimbursement for rental items is a daily rate. DMAS will not provide rental reimbursement for days on which the recipient did not use the item. Please reference rental versus purchase guidelines in Chapter IV of this Provider Manual for additional requirements.

## MEDICAID DME AND SUPPLIES LISTING

Diabetic Products							
UCC = Usual and Customary Charge IC = Individual Consideration							
Old HCPCS Code	Face to Face Required	New HCPCS Code	Description	Billing Unit	SA Type	Fee	Limit
Supplies							
		A4206	Syringe with needle, sterile, 1cc or less, each	Each	N	\$0.32	100/Month
		A4250	Urine test or reagent strips or tablet	Tablets or Strips - 100	N	\$38.88	3/2 Months
		A4253	Blood glucose test or reagent strips for home blood glucose monitor,	Strips - 50	N	\$8.32	3/Month
		A4256	Normal, low, and high calibrator solution/chips	Pkg.(5 ml vials)	N	\$3.38	1/Month
		A4258	Spring-powered device for lancet	Each	N	\$2.12	1/month
		A4259	Lancets	Box (of 100)	N	\$1.42	3/2 Months
		A4245	Alcohol wipes	Box of 100	N	\$4.08	1/Month
		E1399	Single use, Safety lancets	Box (of 100)	Y	\$10.22	1/Month
Z4301		E1399	Medicine Dropper	3/Box	Y	\$1.01	1/12 Months
		S8490	Insulin Syringes	100/box	N	\$29.67	1/Month
		S5560	Insulin delivery device, reusable pen, 1.5 ml size	Each	Y	P-\$ IC	IC
		S5561	Insulin delivery device, reusable pen, 3 ml size	Each	Y	P-\$ IC	IC
Effective July 1, 2014, DMAS will be allowing providers to ship a 90 day supply for the following diabetic supplies: A4206, A4245, A4250, A4233, A4234, A4235, A4236, A4253, A4256, A4258 and A4259.							
Glucose Monitors							
	Yes	E0607	Home blood glucose monitor	Each	N	\$67.68	1/36 Months
		E2100	Blood glucose monitor with integrated voice synthesizer	Each	Y	\$614.45	
		E2101	Blood glucose monitor with integrated lancing/blood sample	Each	N	\$191.00	
	Yes	E0607 RR	Home blood glucose monitor	Day	N	\$0.23	3 Months
		E2100 RR	Blood glucose monitor with integrated voice synthesizer	Day	N	\$1.95	
		E2101 RR	Blood glucose monitor with integrated lancing/blood sample	Day	N	\$0.64	
Insulin Pumps and Supplies							
		A4230	Infusion set for external insulin pump, non-needle cannula type	Each	N	\$10.31	16/Month
		A4231	Infusion set for external insulin pump, needle type	Each	N	\$6.91	
		A4232	Syringe with needle for external insulin pump, sterile 3cc	Each	N	\$2.83	16/Month
		A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each	Each	N	\$2.38	16/Month
		E0784	External ambulatory infusion pump, insulin	Each	Y	\$5,698.68	1/60 Months
		E0784 RR	External ambulatory infusion pump, insulin	Day	Y	\$12.75	3 Months
Continuous Glucose Monitor (CGM)							
Coverage starts December 15, 2016 The DMAS Medical Support Unit (MSU) will review all service authorizations. The authorizations are to be faxed to the MSU unit at 804-452-5450.							
		A9276	Sensor; invasive (e.g. Subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit	Each	Y	\$IC	10/Month

